| ENTRY BLANK |
|---|
| PLEASE TYPE OR PRINT Entered previous May Show |
| Ms. Mr. Artist BEATRICE MITCHELL (Last Name Last) Permanent 3659 BAINBRIDGE RD, CLEVE Address Street |
| 44118 Tel. 216 932 -7157 |
| Zip Area Code Temporary Address |
| Street |
| Tel. () — |
| Zip Area Code |
| Permanent address is in what county? |
| Born in Cuyahoga County Yes No |
| Collaborator (If Any) |
| If entries are not accepted or not sold: Artist will pick up entries at Museum. Museum should dispose of entries. Museum should ship entries to artist C.O.D. at this address: |
| |

The attached card at right will be returned to you as notification of acceptance or rejection by the last week in April.

THE RETURNED CARD IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed.

It is also understood that accepted entries will remain on exhibition until June 9, 1974.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Signature Beatrice Nutchell

| ENTRY BLANKS | | | | | | | |
|--|-----------------------------|----------------------|-------------------|----------------|----------|--|--|
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| 1 | | | | | | | |
| Medium or Materials | | | | | | | |
| ACRYLIC ON PAPER | | | | | | | |
| TITLE RELIEF IN GREY AND WHITE | | | | | | | |
| Price or NFS Insurance Value | | Size | | | | | |
| \$675.00 | If NFS Only | | 743/8"x30" x 8/2" | | | | |
| GRAPHICS AND PHOTOGRAPHY ONLY | | | | | | | |
| Additional No. For Sale | | Total No. in Edition | | Price of Frame | | | |
| DO NOT WRITE IN THIS SECTION | | | AC | CCEPTED | REJECTED | | |
| 180 (1) | | | FE | E PAID | BY | | |
| AND DESCRIPTION OF THE PARTY. | GUIERRA | | | | | | |
| ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography ☐ 4. Sculpture ☐ 5. Electric ☐ 6. Crafts | | | | | | | |
| Medium or Materia | ls | | | | | | |
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| Price or NFS | Insurance Value If NFS Only | | Size | | | | |
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| DO NOT WRITE IN THIS SECTION ACCEPTED RE | | | | REJECTED | | | |
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| | | | P | ECELVED | RY | | |

1974 MAY SHOW
The Cleveland Museum of Art
Cleveland, Ohio 44106

Please keep address within this box for window envelope.

| Name | BEATRICE MITCHELL |
|---------|--------------------------|
| Address | 3659 BAINBRIDGE ROAD |
| | CLEYELAND OHIO Zip 44118 |

PLEASE TYPE OR PRINT.

This is the label that will be used to mail your notification of acceptance or rejection.

| ACCEPTANCE OR REJECTION NOTICE | | | | | | |
|--|----------|----------|--|--|--|--|
| This is your only receipt to claim your objective will be mailed to you following judging. Statute of the property of the pro | \cap | | | | | |
| 1. Paintings □ 2. Graphics □ 3. Photography □ 4. Sculpture □ 5. Electric □ 6. Crafts | | | | | | |
| Medium or Materials | | | | | | |
| ACRYLIC ON PAPER | | | | | | |
| RELIEF IN GREY AND WHITE | | | | | | |
| DO NOT WRITE IN THIS SECTION | ACCEPTED | REJECTED | | | | |
| 180-(1) | X | | | | | |
| DO NOT DETACH | | | | | | |
| 2 □ 1. Paintings □ 2. Graphics □ 3. Photography □ 4. Sculpture □ 5. Electric □ 6. Crafts | | | | | | |
| Medium or Materials | | | | | | |
| Title | | | | | | |
| DO NOT WRITE IN THIS SECTION | ACCEPTED | REJECTED | | | | |